

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
		BUREAU OF VITAL STATISTICS.	
County of <u>Gila</u>		CERTIFICATE OF BIRTH.	76
District of <u>Globe</u>			Register No. <u>8-113</u>
Town of <u>Globe</u>			St.; _____ Ward)
City of _____	(No. _____)	Date of Birth <u>Nov 4</u> 19 <u>09</u>	
FULL NAME OF CHILD <u>William Gerald Butler</u>		Born <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and Number in order of birth _____	Legit mate? <u>Yes</u>
Full Name FATHER <u>Frank Alexander Butler</u>		Full Maiden Name MOTHER <u>Hannie Ray Hayes</u>	
Residence <u>Globe Arizona</u>		Residence <u>Globe</u>	
Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>21</u> (Years)
Birthplace <u>Acadago, La.</u>		Birthplace <u>New Mexico</u>	
Occupation <u>Book Keeper</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
Were precautions taken against Ophthalmia neonatorum? _____			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Nov 4, 1909, at 11 A.M.

\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Mrs A. K. Shaw  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_

Filed Nov-8 1909 Address Globe

Filed Dec 1 1909 B. G. Saxton LOCAL REGISTRAR.

COUNTY REGISTRAR. 629-1104-582 COUNTY REGISTRAR.